

MIAMI-DADE COUNTY
BUILDING DEPARTMENT
11805 S.W. 26 St., Miami, FL 33175-2474

www.miamidade.gov/bldg/

APPLICATION FOR PLAN REVISION

PLEASE FILL OUT COMPLETELY

THIS IS FOR REVISION ONLY. IF YOU ARE REQUIRED TO REISSUE THE PERMIT, SEE PERMIT APPLICATION.

(IF THIS IS A REVISION TO A ROOFING, SHUTTER, WINDOW, FENCE, FIRE ALARM, FIRE SPRINKLER, OR FIRE SUPPRESSION PERMIT,
PLEASE PROVIDE THE SPECIFIC PERMIT NUMBER FOR THE SUBSIDIARY PERMIT)

Master Permit Number 2016 006530 Contact Name Noerge Torres
Job Address 4251 SW 116 Ave Miami FL 33165 Address 4251 SW 116 Ave
Contractor's Number Owner City Miami State FL Zip Code 33165
Last (4) digits of Qualifier No. _____ Phone Number (786) 337-2095
Contractor's Name _____ Description of Revision Revision to not do door
Qualifier's Name _____
Owner's Name _____
Residential (Single Family or Duplex) ☒ Commercial ☐

Application is hereby made for plan revision as indicated below. I certify that all information is accurate. I understand that any plans will be reviewed only by the review disciplines indicated, and those required by the review agencies. (See Table of Required Reviews on back of application). I am aware that any error in indicating the disciplines required may result in the need for further plan revisions or inspection delays. The plan revision affects the following disciplines. (Check all that apply.)

Is this a revision to a roofing, shutter, sign, window, fence, fire alarm, fire sprinkler or fire suppression permit? If so, or if you would like all reviews relating to original permit issued please check here ☐
*** (Note to staff if box above is checked use "A" instead of "R" for revision type) ***

- | | | |
|--|---|-----------------------------------|
| <input checked="" type="checkbox"/> Building | <input type="checkbox"/> Electrical | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Impact Fee | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Public Works Con | |
| <input type="checkbox"/> Shop Drawing | <input type="checkbox"/> Sign | |
| <input type="checkbox"/> Zoning | <input type="checkbox"/> Foundation to Shel | |
| <input type="checkbox"/> Department of Environmental Resources Management (DERM) | | |



Permit Records Section
Scanned by: <u>[Signature]</u>
Date: <u>5-17-16</u>

Signature of Owner or Owner's Agent

Print Name Noerge Torres

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this

day of 54, 2016

by [Signature]

(SEAL)



Miami Dade County Department of Regulatory And Economic Resources - Job Copy

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pac2016108563.pdf

Type of Identification Produced

EYP 10-15-21

Signature of Qualifier

Print Name _____

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this

day of _____, 20 _____

by _____

(SEAL)

Personally known _____

or Produced Identification _____

Type of Identification Produced _____